

# 2024 Tertiary Education Grant Application Form

For office use Only	Date Received	
	Applicant	
	Shareholder	
	Level of qualification	
	Full / Part Time	
	All documentation provided	
	Tripartite Contribution	
	MET Contribution	
	MPBI Contribution	

Mangatawa Pāpāmoa Blocks Incorporation is proud of our whānau and their respective educational aspirations. The Committee of Management are excited to offer a selection of grants available by application and encourage uri to apply where applicable.

\*\* Please read carefully, answer all questions, and supply all information requested\*\*

"Ko te manu e kai ana I te miro, nōna te ngahere Ko te manu kai ana I te matauranga, nōna te Ao"

"The bird that consumes the miro berry owns the forest, the bird that consumes knowledge owns the world"

Checklist			
	All questions have been answered		
	Copies of proof of enrolment are attached		
	Copies of previous year's results are attached (if applicable)		
	Copy of Invoice attached		
	Verification Bank Account attached		
	Applicant / Guardian has signed the form		
	Sponsoring Shareholder has signed the form		

Under the terms of the *Privacy Act 2020,* the information supplied will be used only in connection with this application.

### Please forward your completed application to:

Mangatawa Papamoa Blocks Incorporation, 1 Te Rama O Te Tihi Place, RD5 Mangatawa, Tauranga 3175 NEW ZEALAND

or via email to: cilla.nepia@mangatawa.com

Closing Date: 4pm Friday, 08 March 2024

Late applications will not be accepted

### **SECTION A: PERSONAL DETAILS**

Family Name(s):		First Name(s):	
Gender: Male / Female	Age:		Date of Birth: / /
Address:		Home: ( )	
		Work: ( )	
		Mobile: ( )	
Email:			
Are you a Shareholder in Mangatawa Papamoa Blocks Incorporation? Yes / No			What is the relationship to the Shareholder?

## **SECTION B: WHAKAPAPA** (Compulsory – you must complete this section)

Complete the whakapapa to show clearly that you are a direct descendant of a current \*shareholder of Mangatawa Papamoa Blocks Incorporation. The Committee of Management will verify the information supplied.

**NOTE:** \*If succession has not occurred this application will not be approved

WHAKAPAPA				
Great Grandparents	Great Grandparents			
Grandparents	Grandparents			
Father	Mother			
Applicant				

# SECTION C: IWI/HAPŪ AFFILIATIONS Please list what Iwi you affiliate with. lwi 1: lwi 2: lwi 3: **SECTION D: EDUCATION DETAILS** Polytechnic / Wananga Undergraduate Postgraduate Course Title (e.g. Bachelor of Education): Name and City of Institute: **Duration of Course:** What level Qualification are you pursuing: years State the year of your study (e.g. 1st of 3 years): of Years Please circle: Fulltime / Parttime What level of proficiency are you with Te Reo Māori: Beginner / Intermediate / Fluent (please circle) PREVIOUS STUDY Course Title: Name of Institute: Yes / No Year Attended: Completed: Completed: Yes / No SECTION E: SCHOLARSHIPS Other Scholarships available (Please indicate if you are applying for the below scholarships $\checkmark$ ) Victoria Taihonoa Partnerships: The Victoria University Taihonoa Scholarship has offered a unique opportunity for Mangatawa Papamoa Blocks Incorporation, to match, dollar for dollar, a contribution by Victoria University of Wellington for scholarship/award to students attending Victoria University Wellington and would like to know more about the scholarship, please refer to our website or contact the office. **Ebba Te Tua Scholarship:** The Ebba Te Tua scholarship aligns to the mutual goals of the Mangatawa Papamoa Blocks Incorporation and Generus Living partnership to recognise the importance of social matters and provide an opportunity to Mangatawa Shareholders. This scholarship supports the

teachers supply pressures in the areas of Te Rēo Māori and Māori medium.

SECTION F: OTHER GR	ANTS			
Have you applied for	any other grants or scholarsh	ships? Yes / No (please circle)		
If yes, please state:				
SECTION G: BANK ACC	COUNT DETAILS			
Bank:	Account Name:	Account Name:		
Account Number:				
SECTION H: APPLICA  Please Note: If the parent/guardian.		r under this section must be also signed by a		
I certify to the best o	f my knowledge that the info	ormation in this application is true and correct.		
Signature of Applican	t:			
Name of Guardian:	ı	Parent/Guardian Signature:		
Shareholder Declara	tion			
Signature of Shareho	lder:			

**Deadline for Applications:** 4pm Friday, 08 March 2024 **Late Applications will NOT be accepted.** 

Shareholder Name:



Date: